

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 0 8

2. STATE:

Iowa

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

December 1, 2000

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.71 and 435.831

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement 6 to Attachment 2.6-A
(MS-01-2)

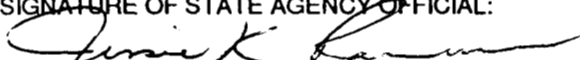
10. SUBJECT OF AMENDMENT:

Change in income limits for state supplementary residential care

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Jessie K. Rasmussen

14. TITLE:

Director

15. DATE SUBMITTED:

February 28, 2001

16. RETURN TO:

Director
Department of Human Services
Hoover State Office Building
Des Moines, IA 50319-0114**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

03/05/01

18. DATE APPROVED:

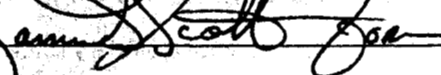
MAR 28 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

Dec 1 2000

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid and State Operations

23. REMARKS:

cc:
Rasmussen
Headlee

SPA CONTROL

Date Submitted 02/28/01

Date Received 03/05/01

Revision: HCFA-AT-85-3
February 1985

SUPPLEMENT 6 TO
ATTACHMENT 2.6-A

State Iowa

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

Payment Category (reasonable classification)	Administered By		Income Level				Income Disregards Employed
	Federal	State	Gross		Net		
			1 Person	Couple	1 Person	Couple	
(1)	(2)		(3)		(4)		(5)
Blind supplement	X		554.00		534.00		SSI
With blind spouse	X			833.00		813.00	SSI
With aged/disabled spouse	X			811.00		791.00	SSI
Dependent person	X		789.00	1,046.00	769.00	1,026.00	SSI
Blind	X		811.00		791.00		SSI
With blind spouse	X			1,090.00		1,070.00	SSI
With aged/disabled spouse	X			1,068.00		1,048.00	SSI
Family-life home	X		594.20		594.20		SSI
Residential care		X	Per diem rate of facility (maximum = 31 x \$24.50) plus \$73 personal needs allowance.				
In-home health-related care		X	983.06	1,240.06	983.06	1,240.06	
Both spouses receive care		X		1,711.12		1,711.12	

TN No. MS-01-8
Supersedes TN No. MS-01-2

Approval Date MAR 28 2001

Effective Date Dec 1 2000